



**24<sup>TH</sup> BIENNIAL CONVENTION REFUND REQUEST FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

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**Option 1:**

I would like to donate my entire registration fee of \$\_\_\_\_\_ to the 2018-2020 Mission Goal.

**Option 2:**

I would like to donate \$\_\_\_\_\_ of my registration fee to the 2020-2022 Mite Goal and receive a refund of \$\_\_\_\_\_.

**Option 3:**

Please refund my entire registration fee of \$\_\_\_\_\_.

*Please return the completed refund request form via email to:  
President Linda Guteres at [lagster@optonline.net](mailto:lagster@optonline.net)*

*Or mail this form to:  
Redeemer Evangelical Lutheran Church  
Attention to: LWML AD: Life in the SON  
4360 Rev Theodore Wittrock Crossing  
Bronx NY 10466-1804*